

BILLING AGREEMENT

Merchant Information

MERCHANT DBA:		EMAIL:
BUSINESS LEGAL NAME:		PHONE:
BILLING ADDRESS:		
CITY:	STATE:	ZIP:

PAYMENT PLAN SCHEDULE

<input type="checkbox"/> ONE-TIME PAYMENT	PAYMENT DATE: _____	PAYMENT AMOUNT \$ _____
<input type="checkbox"/> RECURRING PAYMENT Processed Every: <input type="checkbox"/> _____ DAY(S) <input type="checkbox"/> _____ WEEK(S) <input type="checkbox"/> _____ MONTH(S) <input type="checkbox"/> ANNUALLY		
START DATE: ____/____/____ (MM/DD/YY)	AMOUNT	\$ _____
END DATE: ____/____/____ (MM/DD/YY)	TRANSACTION FEE	\$ _____
NUMBER OF PAYMENTS: _____ (If applicable)	TOTAL PAYMENT	\$ _____
MAXIMUM PAYMENT PER BILLING CYCLE WILL NOT EXCEED PAYMENT AMOUNT AND ANY TRANSACTION FEE PLUS ANY NSF FEES IN THE AMOUNT BY LAW.		

☒ ACCOUNT ON FILE AUTHORIZATION All PAYMENTS ARE PROCESSED ON THE: Due Date Each Month

YOUR ACCOUNT WILL BE HELD ON FILE PURSUANT TO CURRENT DATA SECURITY STANDARDS. YOU AUTHORIZE REGULAR AND PERIODIC CHARGES TO YOUR ACCOUNT ON FILE REFERENCE BELOW. YOU WILL BE CHARGED FOR THE AMOUNT YOU OWE EACH BILLING PERIOD. YOU WILL RECEIVE AN INVOICE/STATEMENT SHOWING THE PAYMENT AMOUNT TO BE CREDITED OR DEBITED TO YOUR ACCOUNT.

ACCOUNT INFORMATION

NAME ON ACCOUNT		<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> ACH/EFT
ACCOUNT #:	EXP DATE	CVV
ROUTING #:	BANK NAME:	

PAYMENT AUTHORIZATION

By signing below, you (Customer) authorize IPPayware/ Everything But the Food (EBTF) and its affiliates to charge your credit/debit card or debit your checking/savings account in the form of ACH transfers in accordance with the Payment Schedule above. You acknowledge that the organization of ACH transaction to your account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association. Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be deducted on the business day after your payment due date.

If there are insufficient funds in your account, IPPayware/Everything But the Food (EBTF) may elect to electronically (or by paper draft) represent your payment up to two more times. You also understand and authorize IPPayware/Everything But the Food (EBTF) to collect a return processing charge by the same means, in an amount not to exceed that as permitted by state law. You may cancel this authorization by sending written notice to IPPayware/ Everything But the Food (EBTF) at the address (875 Old Roswell Rd. Suite #A400 Roswell, GA 30076), or by completing a new copy of this form. IPPayware/Everything But the Food (EBTF) must be notified of evoked authorization at least 30 days prior to the payment due date or payoff the contract.

_____ CUSTOMER SIGNATURE	_____ DATE
_____ PRINT NAME	

PLEASE SUBMIT COMPLETED AND SIGNED FORM VIA EMAIL TEAM@EBTF.IO